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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43188**

Registration District No. **152**

Primary Registration District No. **4381**

Registrar's No. **11**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Nodaway**

(b) City or town **Hopkins**

(c) Name of hospital or institution: **/**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **40 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Franklin Edgar Bonar**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **No**

4. Sex **male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Ollie Bonar**

6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **Nov. 4 1855**

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	1	10	hr. min.

9. Birthplace **Birmingham Iowa**

(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Charles Henry Bonar**

12. Name **unknown Pa.**

13. Birthplace **Elizabeth Waldruff Pa.**

(City, town, or county) (State or foreign country)

14. Maiden name **unknown Pa.**

(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ollie Bonar Hopkins Mo.**

(b) Address **burial Hopkins cemetery**

17. (a) (b) Date thereof **12-16-43**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hopkins cemetery**

18. (a) Signature of funeral director **Paula Funeral Home**

(b) Address **Marionville, Mo.**

19. (a) **12-16-43** (b) **O. H. Sawyer**

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**

(c) City or town **Hopkins**

(If outside city or town limits, write "RURAL")

(d) Street No. **NO** (If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country **/**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **14**

year **1943** hour **4** minute **50** P.M.

21. I hereby certify that I attended the deceased from **9-17-43**

to **12-14-43**

that I last saw him alive on **12-14-1943**

and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Duration **Instant**

Due to **Coronary Thrombosis**

Due to **94a**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94a**

Of autopsy **94a**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____

(2) Means of injury _____

23. Signature **D. H. Jones** (M. D. or other) **D. H.**

Address **Hopkins, Mo.** Date signed **12-16-43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed W. L. Gee

Licensed Embalmer No. 2539

P. O. Address Maryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.